



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

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TUBERCULOSIS:
FREQUENTLY ASKED QUESTIONS

What is tuberculosis?

Tuberculosis, or TB, is a disease caused by a germ called a bacteria named *Mycobacterium tuberculosis*. These germs can attack any part of the body, but they usually attack the lungs. TB was once the leading cause of death in the United States and it is still a leading cause of death in the world.

How does someone get TB?

Tuberculosis is spread through the air from one person to another. The germs are coughed or sneezed into the air by a person who is sick with TB disease of the lungs or throat. People nearby may breathe these in and become infected. The germs can settle in the lungs and begin to grow. From there they can move through the blood to other parts of the body, such as the kidney, spine, and brain. TB in the lungs or throat can be infectious, i.e., the germs can be spread to other people. TB in other parts of the body usually cannot spread to others. People who can spread germs to others must stay at home; they must stay out of school, work, or other public places.

What is the difference between having latent TB infection and TB disease?

Most people who breathe in TB germs get a latent TB infection; the body is able to fight the bacteria to stop them from growing and spreading. The germs are alive but are inactive. The germs can become active and cause TB disease at some time in the future. The table below shows the similarities and differences between TB infection and disease.

A Person with Latent TB Infection	A Person with Active TB Disease
Has TB germs in the body, but the germs are inactive.	Has active TB germs in the body.
Does not feel sick and cannot spread the germs to others.	Feels sick with symptoms such as persistent cough, fever, weight loss and night sweats.
Usually has a positive tuberculin skin test or blood assay.	Usually has a positive tuberculin skin test or blood assay.
Usually has a normal chest x-ray.	Usually has an abnormal chest x-ray.
Has the potential to one day get sick if the TB germs become active and multiply.	Is capable of spreading the disease to others if the TB germs are active in the lungs or throat.

Has there been a recent increase in TB in New Hampshire and the United States?

There was an increase in TB in the United States in the 1980s, but there has been a steady decline since the mid 1990s with approximately 14,000 cases reported in 2005.

[\(Division of Tuberculosis Elimination | Surveillance Report 2004 | Archived Reports 1999-2003\)](#)

New Hampshire has one of the lowest numbers of TB cases in the nation averaging 19 cases of TB disease and approximately 800 new latent TB infections reported each year.

In which populations is TB most often found in New Hampshire?

In New Hampshire as well as in the United States, TB is most frequently found in persons who were born in foreign countries where TB is a common disease. At least 75% of the cases reported in NH since 2000 were foreign-born. The most common countries of birth include India, Vietnam, Indonesia, Cambodia and China.

TB is most often diagnosed in elderly U.S.-born persons over age 65 and in younger persons ages 25-44 who are foreign-born.

Where is TB most commonly found in New Hampshire?

In New Hampshire, TB is most prevalent in the 4 southeastern counties of Hillsborough, Strafford, Rockingham and Merrimack. This includes the 2 largest cities in New Hampshire: Manchester and Nashua. Nationally, TB is most commonly seen in large states such as Florida, Texas, California and New York.

Where can I get tested for TB in New Hampshire?

You should see your health care provider if you believe you need a TB test. Only persons with a risk factor for TB should have a TB test. The New Hampshire TB Program offers free skin testing to persons who have been exposed to individuals diagnosed with TB disease. The FDA has approved a new blood test for Latent TB Infection, called Quantiferon-TB Gold.

What do I do if I have some of the symptoms of TB or think I might have been exposed to TB?

Contact your health care provider as soon as possible to if you have symptoms of TB. Contact the New Hampshire TB Program at 603-271-4469 if you think you might have been exposed to someone with TB. New Hampshire public health law requires that suspect cases of TB and latent TB infection be reported to the State TB Program. These are two of over 50 diseases required by public health law to be reported to the Division of Public Health Services.

How can the New Hampshire TB Program help my patient who has TB?

The TB Program is one program offered by the New Hampshire Division of Public Health Services. The Program's goal is to protect the health of the public by:

- promptly identifying and treating persons diagnosed with TB
- promptly identifying and evaluating persons exposed to someone with TB to determine if they have TB disease or infection
- assuring completion of treatment for those with TB and LTBI

Public Health professionals collaborate with private health-care providers to review clinical information about suspect cases.

The Program also:

- makes recommendations about diagnostic tests or treatment based upon current guidelines
- determines who is contagious and institutes isolation precautions to prevent spread of the disease to others
- provides expert consultation
- provides nurse case management and monitoring
- coordinates Directly Observed Therapy (DOT) (see FAQ related to DOT)
- provides educational information
- monitors for adherence and adverse reactions to medications
- arranges for financial assistance with diagnosis and treatment of TB based upon income eligibility criteria. (link to financial criteria)

What is the best way for me to get better from TB disease?

The best way to get better is to take all of your medications exactly as prescribed by your health-care provider. Since treatment lasts at least six months, the easiest way to do this is to participate in the Directly Observed Therapy (DOT) service offered routinely through the NH TB Program. DOT means that a trained person meets with you and observes every dose of medication that you take. If you don't take all of your medicines, you could get sicker and spread disease to your family, colleagues and friends. The traditional medicines could also stop working and you would need to be treated with more drugs that have more serious side effects.

My health-care provider thinks I have TB and wants me to start taking several medicines. I don't have any health insurance and I don't have a job. Can the New Hampshire TB Program pay for my medicines?

The Program does reimburse pharmacies for medications and providers for some tests related to the diagnosis and treatment of tuberculosis. Patients cannot be reimbursed directly. To determine if you are eligible for financial assistance contact the Program at 603-271-4469.

Can a healthcare worker who has a new positive TB skin test work?

If asymptomatic, the health care worker can work while the medical evaluation and CXR are being done to rule out TB disease. If the healthcare worker is ill with symptoms of TB, they should be excluded from work.

My TB skin test (or blood assay) is positive, but I have a normal chest x-ray. Should my family and friends get tested?

A positive test means you've been exposed to and infected with TB germs. The germs are alive in your body in a resting or latent state, but you can't spread the germs to anyone else unless you are coughing and have TB disease. Your family and friends don't need a test since you are not able to spread germs to them. Unless you take medication to treat

the latent TB infection, there is always a chance the germs will “wake up” at a future time and make you sick with TB disease.

Can a person who was vaccinated with BCG have a TB skin test?

BCG is not a contraindication for TB testing and in fact, many people who had a BCG vaccine lived in a country where TB is common. BCG is used in many foreign countries to prevent young children from developing serious types of TB disease that they can die from. BCG does not prevent latent TB infection and it doesn't provide lifetime protection from TB disease. Since BCG is in the same family as TB, a TB skin test can react to BCG given in recent years. The Centers for Disease Control recommend that an individual, who lived in a country with a high rate of TB and had BCG and has an induration on a TB skin test of ≥ 10 mm, should be considered infected with TB. A new blood test for testing for LTBI does not cross-react with BCG and may produce a more accurate result.

Can a person with a positive TB test be retested?

Yes, but repeat testing isn't usually necessary, unless the previous positive reaction was not documented. However, the skin test should be repeated when there is no written record of the person's previous positive reaction. Persons with positive reactions should keep their documentation and show it to their medical providers.

Can a pregnant woman receive a TB skin test?

Yes. The TB skin test is safe and reliable for pregnant women. Dangerous effects to the fetus have never been documented. Treatment of Latent TB Infection is generally delayed until 2-3 months after delivery unless the woman is likely to have been recently infected or has a high-risk medical condition such as HIV infection.

How can I get additional information about tuberculosis and latent tuberculosis infection?

For individual questions, please contact the New Hampshire Tuberculosis Program or the Manchester or Nashua city health departments if you are a resident there. Also, see Questions and Answers About TB at the Centers for Disease Control and Prevention Website at <http://www.cdc.gov/nchstp/tb> or access other external resource links on this website.

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